



# APPLICATION FOR WASTE DISPOSAL AUTHORIZATION

## ENVIRONMENTAL HEALTH

800 W. Canal Drive  
Kennewick, WA 99336  
(509) 582-7761, Ext. 246

310 7<sup>th</sup> Avenue  
Prosser, WA 99350  
(509) 786-1633

**Fee: \$31.00 Code: 5340**

Account #: \_\_\_\_\_

Guarantor #: \_\_\_\_\_

Log #: \_\_\_\_\_

ALL ITEMS IN THIS BOX MUST BE COMPLETED TO ACCEPT THIS APPLICATION, IF YOU NEED HELP CONTACT THIS OFFICE

NAME OF APPLICANT: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

FACILITY TO RECEIVE WASTE: \_\_\_\_\_

CONTACT PERSON AT FACILITY: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CONSULTANT: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DESCRIPTION OF WASTE: \_\_\_\_\_

LOCATION OF WASTE \_\_\_\_\_

VOLUME: \_\_\_\_\_ LABORATORY TESTING INCLUDED \_\_\_\_\_

### CONSULTANT CERTIFICATION:

I CERTIFY BY SIGNATURE THAT THE ABOVE REFERENCED MATERIAL HAS BEEN EVALUATED IN ACCORDANCE WITH STANDARD INDUSTRY PRACTICES AND DOES NOT DESIGNATE AS A DANGEROUS WASTE.

Consultant Signature: \_\_\_\_\_ Date \_\_\_\_\_

### FEES PAID ARE NON-REFUNDABLE

I certify by signature that the above material has not been mixed diluted and/or altered to insure said material does not designate as a dangerous waste.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_